1-10000035055

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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DIVISION OF CORPORATIONS
2001 NOV -2 AH 8: 03

PS III COD

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TRI-BAN DEVELOPMENT, LLC	
(Name of Limited Liability	Company)
DOCUMENT NUMBER: L06000039055	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Mary Jo Spalinger	
(Name of Person)	
Business Filings Incorporated	
(Name of Firm/Company)	
8025 Excelsior Drive #200	
(Address)	
Madison, WI 53717	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
same at (608	827-5300
(Name of Person) (Area Code	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes,	the undersigned,
	ereby resigns as
(Name of Registered Agent)	
Registered Agent for TRI-BAN DEVELOPMENT, LLC	
(Name of Limited Liability Company)	,
L06000039055	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed limited liability con	npany at its last known address.
The agency is terminated and the office discontinued on the 31st day after the	e date on which this statement is filed.
Mary Jo Spalenger (Signature of Resigning Agent)	
If signing on behalf of an entity:	1510 1510
Mary Jo Spalinger	2007 NOV -2 AR 8
(Typed or Printed Name)	
Assistant Secretary	Z Por
(Capacity)	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314